

# EXHIBIT

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Nationwide

LIPSON, NEILSON, COLE Fax: 248-593-5040  
9217 U.S.P.M. Dec 14 2010 04:20pm P003/007

Nationwide Life Insurance Company  
 Nationwide Life and Annuity Insurance Company  
 Nationwide Life Insurance Company of America  
 Nationwide Life and Annuity Company of America  
 P.O. Box 182835, Columbus, OH 43218-2835  
 Household referred to as the Company  
 www.nationwide.com

## BENEFICIARY CLAIM FORM

Customer Contact Information  
 Nationwide: 1-800-243-6295  
 TDD: 1-800-238-3035  
 Fax: 1-888-677-7393

## Section 1: General Information - Please print.

Please accept our deepest sympathies for your loss. This form is designed to collect information needed to complete your claim.

**IMPORTANT:** Sections 1, 2, and 5 must be completed.

*A certified Death Certificate bearing the seal of the appropriate local, state or federal agency issuing the certificate must accompany this completed form.*

*Each beneficiary must complete a separate claim form.*

*To expedite the processing of this claim, you can fax the completed claim form along with a copy of the certified death certificate to 1-888-677-7393.*

## 1a. Deceased Information.

Existing Policy Number(s): L034 804 300  
 (required)

Deceased First Name: GARY

Deceased Last Name: LUPILOFF

Date of Death: JULY 13, 2010

## 1b. Beneficiary Information. Must be completed.

Beneficiary Name: Nicole Renee Lupiloff  
 Residential Address: c/o Albert Holtz 3910 Telegraph  
 (PO Box address is not accepted)

City/State/Zip Code: Bloomfield Hills MI 48302 Ste 200

Mailing Address: SAME AS ABOVE  
 (if different than residential)

City/State/Zip Code: [REDACTED]

SSN: [REDACTED] Date of Birth: [REDACTED]

Daytime Telephone Number: [REDACTED]

E-Mail: [REDACTED]

The next Section, Settlement Options, provides three distribution options for your death benefit proceeds. For information about what other options are available to you, please call us at 1-800-243-6295 or TDD: 1-800-238-3035.

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Nationwide

LIPSON, NEILSON, COLE Fax: 248-593-5040 Dec 14 2010 04:20pm P004/007  
02:17:53 p.m. 12-13-2010 3:15**Section 2: Settlement Options - Please select one option.**

**Please Note:** Policy owners have the option to choose in advance how their beneficiaries will receive the money. If that is the case for you, we'll carry out the policy owner's instructions and provide complete details to you in writing.

 **Option 1 - Lump Sum Payment Option - Nationwide Bank Secure Money Market Account**

We will establish a Nationwide Bank Secure Money Market Account in the beneficiary's name and deposit all proceeds into the account. You will have immediate access to these proceeds by check and this account will earn interest.

**Benefits of the Nationwide Bank Secure Money Market Account:**

- An attractive variable tiered rate of interest.
- A safe account to hold funds separate from your everyday funds.
- FDIC insurance coverage, up to \$250,000 per depositor.
- Free personalized checks provided by Nationwide Bank.
- Dedicated Customer Care Specialists ready to help you when you call them at 1-877-422-8569.
- No monthly service fees.

The following fields **MUST** be completed for the Nationwide Bank Secure Money Market Account option:

ID#: \_\_\_\_\_ Issue State: \_\_\_\_\_  Driver's License  Military ID  State ID

**Please note:** For your protection, accounts are reviewed under US banking rules to confirm eligibility. Interest earned is reportable to the IRS. Please consult your tax advisor for additional information.

 **Option 2 - Lump Sum Payment Option - Single Check or Direct Deposit**

This option provides a single full payment. You can choose from receiving the death benefit proceeds either in the form of a check or have it transferred to your checking or savings account.

**Benefits of a Single Check:**

- One transaction access to your money.
- Flexibility to transfer directly into your checking or savings account.

**Important:** Please select either check or direct deposit from below.

Check (a check will be mailed to you using the address entered on page 1, section 1b.).  
 Direct Deposit (complete the information and follow the instructions below).

Financial Institution Name: \_\_\_\_\_

Financial Institution Phone Number: \_\_\_\_\_

You must attach a voided check if depositing into your checking account. If depositing into your savings account, a letter from your financial institution will be required. The deposit into your checking or savings account will normally occur four (4) business days after the date the claim transaction is processed. Please note deposit slips are not acceptable.

**Important:** If a voided check (or letter from your bank/financial institution) is not included, a check will automatically be mailed to the address you provided us. The checking/savings account holder must be the same as the beneficiary.

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Nationwide

LIPSON, NEILSON, COLE Fax: 248-593-5040 02/18/08 p.m. Dec 14 2010 04:20pm P005/007

**Section 3: Taxpayer ID Certification:**

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

**Certification – Under penalties of perjury, I certify that:**

- (1) The number shown on this form is my correct taxpayer identification number, and
- (2) I am not subject to backup withholding because (a) I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (b) the Internal Revenue Service has notified me that I am no longer subject to backup withholding, or that I am exempt from backup withholding, and
- (3) I am a United States citizen (including a U.S. resident alien).

You must cross out item (2) if you have been notified by the IRS that you are currently subject to backup withholding because of failure to report interest or dividends on your tax return.

**Section 4: State Fraud Statements:**

**Alabama, Alaska, Arizona, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kentucky, Maryland, Massachusetts, Montana, Nebraska, New Hampshire, Mississippi, Ohio, Oklahoma, Oregon, Puerto Rico, Rhode Island, South Dakota, Texas, Utah, Vermont, West Virginia, Wisconsin and Wyoming** Any person who submits an application or a claim containing a false or deceptive statement, and does so with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, may be guilty of insurance fraud.

**Arkansas** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Colorado** Important Notice: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department or regulatory agencies.

**District of Columbia** Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**Florida** Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Kansas, Nevada, North Carolina and North Dakota** Any person who submits an application or a claim containing a false or deceptive statement, and does so with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, may be guilty of insurance fraud.

**Louisiana** Caution: If your answers on this application are incorrect or untrue, Nationwide has the right to deny benefits or rescind your policy. Any person who knowingly presents false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Maine, Tennessee** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Missouri** Caution: If your answers on this application are incorrect or untrue, Nationwide has the right to deny benefits or rescind your policy. Fraud Statement: Any person who submits an application or a claim containing a false or deceptive statement, and does so with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, may be guilty of insurance fraud.

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LIPSON, NEILSON, COLE Fax:248-593-5040 02:20:26 p.m. Dec 14 2010 04:21p.m. P006/007  
12-13-2010 575**Section 4: State Fraud Statement, continued**

**New Jersey** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**New Mexico** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**New York** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**Pennsylvania** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Virginia** Any person who, with the intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

**Washington** Any person who knowingly presents a false or fraudulent claim for payment of a loss or knowingly makes a false statement in an application for insurance may be guilty of a criminal offense under state law.

**Section 5: Authorization/ Signature Required**

If I selected the Nationwide Bank Secure Money Market Account Option, I understand and agree, by signing this form that Nationwide Bank will access and utilize consumer report information to open my account. I authorize my information to be shared with Nationwide Bank, for purposes of establishing my Secure Money Market Account. To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for me: When I open an account, Nationwide Bank asks for my name, address, date of birth, and other information that will allow them to identify me. Nationwide Bank may ask to see my driver's license or other identifying documents.

I certify under penalties of perjury that all statements are true, correct and complete to the best of my knowledge and belief. I understand that the furnishing of this form by the Company does not constitute an admission that there is any insurance in force.



Signature of Beneficiary  
(Individual Beneficiary)

12/13/10

Date



Social Security Number

Signature of Legally Appointed Guardian

Date

Minor Beneficiary's Social Security Number

(Individual Beneficiary is a minor or mentally incompetent person) A certified copy of guardianship papers must be furnished.

Please contact our Customer Service Center at 1-800-243-6285 if you have any questions. If you have a Telecommunications Device for the Deaf (TDD), you may access our TDD services at 1-800-238-3035. Customer Service Representatives are available to assist you Monday through Friday from 8:00 a.m. to 8:00 p.m. EST.

To expedite the claim process, you may overnight the completed claim form along with any other required form(s) to the following address:

Nationwide Life Operations  
RR1 - 04 - D4  
5100 Rings Rd.  
Dublin, Ohio 43017

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1016		LIPSON, NEILSON, COLE		Fax: 248-593-5040	Dec 14 2010 04:21pm P007/007		
		STATE OF MICHIGAN					
		DEPARTMENT OF COMMUNITY HEALTH					
		CERTIFICATE OF DEATH					
						3328231	
1. DECEDENT'S NAME (Last, First, Middle Initial)		2. DATE OF BIRTH (Month, Day, Year)		3. SEX		4. DATE OF DEATH (Month, Day, Year)	
Gary		Luploff		Male			
5. PLACE AT WHICH DECEASED LAST STOOD FOR PROFESSIONAL BUSINESS		6. DECEASED'S OCCUPATION		7. AGE AT DEATH		8. DECEASED'S MANNER OF DEATH	
William Beaumont Hospital		Executive		60 YEARS OLD		Natural Death	
9. DECEASED'S RESIDENCE		10. CITY, VILLAGE OR TOWNSHIP OF DEATH		11. COUNTY OF DEATH		12. DECEASED'S MANNER OF DEATH	
Michigan		Oakland		Royal Oak		Oakland	
13. ZIP CODE		14. BIRTHPLACE (City and State or Country)		15. SOCIAL SECURITY NUMBER		16. DECEASED'S EDUCATION	
48073		Detroit, Michigan				High School Degree	
17. DECEASED'S RACE		18. INDUSTRY		19. DECEASED'S MARRITAL STATUS		20. DECEASED'S ORIGIN	
White		Advertising		Divorced		No	
21. PARENT'S NAME		22. MOTHER'S NAME		23. DECEASED'S NAME BEFORE FIRST MARRIED (Given, Middle, Last)		24. DECEASED'S MARRIED NAME	
Albert Luploff		Barbara Goldman					
25. MEDIUM OF DEPOSITION		26. PLACE OF DEPOSITION		27. LOCATION - CITY OR VILLAGE, STATE		28. PLACE AND ADDRESS OF FUNERAL FACILITY	
Burial		Clover Hill Park Cemetery		Birmingham, Michigan		The Ark, Columbarium Chapel, 1825 W 18325 W 9 Mile, Southfield, Michigan 48075	
29. SIGNATURE OF MORTUARY FACILITY		30. LICENSE NUMBER		31. ACTUAL OR PRESUMED TIME OF DEATH		32. PRONONCED DEAD ON	
John M. Miller		5444		Unknown		July 13, 2010	
33. DATE DEATH OCCURRED		34. DATE OF DEATH		35. TIME PRONONCED DEAD		36. TIME PRONONCED DEAD	
July 14, 2010		57360		10:26 AM		3:40 PM	
37. PLACE AND ADDRESS OF CERTIFYING PHYSICIAN		38. DATE FILED (Month, Day, Year)		39. DATE FILED (Month, Day, Year)		40. DATE FILED (Month, Day, Year)	
Kanu Vireni, M.D., 1200 North Telegraph Road, Pontiac, MI 48341-0438				JUL 19 2010		JUL 19 2010	
41. REGISTRAR'S SIGNATURE		42. DATE OF DEATH		43. DEATH CERTIFYING PHYSICIAN		44. ATTENDING PHYSICIAN OR OTHER THAN	
Melanie Hales		July 13, 2010		John M. Miller		Attending Physician	
45. CAUSE OF DEATH		46. DEATH CERTIFYING PHYSICIAN		47. DEATH CERTIFYING PHYSICIAN		48. IF PENDALE	
Homicide		John M. Miller		John M. Miller		Yes	
49. PLACE OF INJURY		50. DECEASED FROM HOMICIDE		51. DEATH CERTIFYING PHYSICIAN		52. IF PENDALE	
July 13, 2010		Yes		John M. Miller		Yes	
53. DEATH CERTIFYING PHYSICIAN		54. DECEASED FROM HOMICIDE		55. DEATH CERTIFYING PHYSICIAN		56. IF PENDALE	
John M. Miller		Yes		John M. Miller		Yes	
57. DEATH CERTIFYING PHYSICIAN		58. DECEASED FROM HOMICIDE		59. DEATH CERTIFYING PHYSICIAN		60. IF PENDALE	
John M. Miller		Yes		John M. Miller		Yes	
61. DEATH CERTIFYING PHYSICIAN		62. DECEASED FROM HOMICIDE		63. DEATH CERTIFYING PHYSICIAN		64. IF PENDALE	
John M. Miller		Yes		John M. Miller		Yes	
65. DEATH CERTIFYING PHYSICIAN		66. DECEASED FROM HOMICIDE		67. DEATH CERTIFYING PHYSICIAN		68. IF PENDALE	
John M. Miller		Yes		John M. Miller		Yes	
69. DEATH CERTIFYING PHYSICIAN		70. DECEASED FROM HOMICIDE		71. DEATH CERTIFYING PHYSICIAN		72. IF PENDALE	
John M. Miller		Yes		John M. Miller		Yes	
73. DEATH CERTIFYING PHYSICIAN		74. DECEASED FROM HOMICIDE		75. DEATH CERTIFYING PHYSICIAN		76. IF PENDALE	
John M. Miller		Yes		John M. Miller		Yes	
77. DEATH CERTIFYING PHYSICIAN		78. DECEASED FROM HOMICIDE		79. DEATH CERTIFYING PHYSICIAN		80. IF PENDALE	
John M. Miller		Yes		John M. Miller		Yes	
81. DEATH CERTIFYING PHYSICIAN		82. DECEASED FROM HOMICIDE		83. DEATH CERTIFYING PHYSICIAN		84. IF PENDALE	
John M. Miller		Yes		John M. Miller		Yes	
85. DEATH CERTIFYING PHYSICIAN		86. DECEASED FROM HOMICIDE		87. DEATH CERTIFYING PHYSICIAN		88. IF PENDALE	
John M. Miller		Yes		John M. Miller		Yes	
89. DEATH CERTIFYING PHYSICIAN		90. DECEASED FROM HOMICIDE		91. DEATH CERTIFYING PHYSICIAN		92. IF PENDALE	
John M. Miller		Yes		John M. Miller		Yes	
93. DEATH CERTIFYING PHYSICIAN		94. DECEASED FROM HOMICIDE		95. DEATH CERTIFYING PHYSICIAN		96. IF PENDALE	
John M. Miller		Yes		John M. Miller		Yes	
97. DEATH CERTIFYING PHYSICIAN		98. DECEASED FROM HOMICIDE		99. DEATH CERTIFYING PHYSICIAN		100. IF PENDALE	
John M. Miller		Yes		John M. Miller		Yes	
101. DEATH CERTIFYING PHYSICIAN		102. DECEASED FROM HOMICIDE		103. DEATH CERTIFYING PHYSICIAN		104. IF PENDALE	
John M. Miller		Yes		John M. Miller		Yes	
105. DEATH CERTIFYING PHYSICIAN		106. DECEASED FROM HOMICIDE		107. DEATH CERTIFYING PHYSICIAN		108. IF PENDALE	
John M. Miller		Yes		John M. Miller		Yes	
109. DEATH CERTIFYING PHYSICIAN		110. DECEASED FROM HOMICIDE		111. DEATH CERTIFYING PHYSICIAN		112. IF PENDALE	
John M. Miller		Yes		John M. Miller		Yes	
113. DEATH CERTIFYING PHYSICIAN		114. DECEASED FROM HOMICIDE		115. DEATH CERTIFYING PHYSICIAN		116. IF PENDALE	
John M. Miller		Yes		John M. Miller		Yes	
117. DEATH CERTIFYING PHYSICIAN		118. DECEASED FROM HOMICIDE		119. DEATH CERTIFYING PHYSICIAN		120. IF PENDALE	
John M. Miller		Yes		John M. Miller		Yes	
121. DEATH CERTIFYING PHYSICIAN		122. DECEASED FROM HOMICIDE		123. DEATH CERTIFYING PHYSICIAN		124. IF PENDALE	
John M. Miller		Yes		John M. Miller		Yes	
125. DEATH CERTIFYING PHYSICIAN		126. DECEASED FROM HOMICIDE		127. DEATH CERTIFYING PHYSICIAN		128. IF PENDALE	
John M. Miller		Yes		John M. Miller		Yes	
129. DEATH CERTIFYING PHYSICIAN		130. DECEASED FROM HOMICIDE		131. DEATH CERTIFYING PHYSICIAN		132. IF PENDALE	
John M. Miller		Yes		John M. Miller		Yes	
133. DEATH CERTIFYING PHYSICIAN		134. DECEASED FROM HOMICIDE		135. DEATH CERTIFYING PHYSICIAN		136. IF PENDALE	
John M. Miller		Yes		John M. Miller		Yes	
137. DEATH CERTIFYING PHYSICIAN		138. DECEASED FROM HOMICIDE		139. DEATH CERTIFYING PHYSICIAN		140. IF PENDALE	
John M. Miller		Yes		John M. Miller		Yes	
141. DEATH CERTIFYING PHYSICIAN		142. DECEASED FROM HOMICIDE		143. DEATH CERTIFYING PHYSICIAN		144. IF PENDALE	
John M. Miller		Yes		John M. Miller		Yes	
145. DEATH CERTIFYING PHYSICIAN		146. DECEASED FROM HOMICIDE		147. DEATH CERTIFYING PHYSICIAN		148. IF PENDALE	
John M. Miller		Yes		John M. Miller		Yes	
149. DEATH CERTIFYING PHYSICIAN		150. DECEASED FROM HOMICIDE		151. DEATH CERTIFYING PHYSICIAN		152. IF PENDALE	
John M. Miller		Yes		John M. Miller		Yes	
153. DEATH CERTIFYING PHYSICIAN		154. DECEASED FROM HOMICIDE		155. DEATH CERTIFYING PHYSICIAN		156. IF PENDALE	
John M. Miller		Yes		John M. Miller		Yes	
157. DEATH CERTIFYING PHYSICIAN		158. DECEASED FROM HOMICIDE		159. DEATH CERTIFYING PHYSICIAN		160. IF PENDALE	
John M. Miller		Yes		John M. Miller		Yes	
161. DEATH CERTIFYING PHYSICIAN		162. DECEASED FROM HOMICIDE		163. DEATH CERTIFYING PHYSICIAN		164. IF PENDALE	
John M. Miller		Yes		John M. Miller		Yes	
165. DEATH CERTIFYING PHYSICIAN		166. DECEASED FROM HOMICIDE		167. DEATH CERTIFYING PHYSICIAN		168. IF PENDALE	
John M. Miller		Yes		John M. Miller		Yes	
169. DEATH CERTIFYING PHYSICIAN		170. DECEASED FROM HOMICIDE		171. DEATH CERTIFYING PHYSICIAN		172. IF PENDALE	
John M. Miller		Yes		John M. Miller		Yes	
173. DEATH CERTIFYING PHYSICIAN		174. DECEASED FROM HOMICIDE		175. DEATH CERTIFYING PHYSICIAN		176. IF PENDALE	
John M. Miller		Yes		John M. Miller		Yes	
177. DEATH CERTIFYING PHYSICIAN		178. DECEASED FROM HOMICIDE		179. DEATH CERTIFYING PHYSICIAN		180. IF PENDALE	
John M. Miller		Yes		John M. Miller		Yes	
181. DEATH CERTIFYING PHYSICIAN		182. DECEASED FROM HOMICIDE		183. DEATH CERTIFYING PHYSICIAN		184. IF PENDALE	
John M. Miller		Yes		John M. Miller		Yes	
185. DEATH CERTIFYING PHYSICIAN		186. DECEASED FROM HOMICIDE		187. DEATH CERTIFYING PHYSICIAN		188. IF PENDALE	
John M. Miller		Yes		John M. Miller		Yes	
189. DEATH CERTIFYING PHYSICIAN		190. DECEASED FROM HOMICIDE		191. DEATH CERTIFYING PHYSICIAN		192. IF PENDALE	
John M. Miller		Yes		John M. Miller		Yes	
193. DEATH CERTIFYING PHYSICIAN		194. DECEASED FROM HOMICIDE		195. DEATH CERTIFYING PHYSICIAN		196. IF PENDALE	
John M. Miller		Yes		John M. Miller		Yes	
197. DEATH CERTIFYING PHYSICIAN		198. DECEASED FROM HOMICIDE		199. DEATH CERTIFYING PHYSICIAN		200. IF PENDALE	
John M. Miller		Yes		John M. Miller		Yes	
201. DEATH CERTIFYING PHYSICIAN		202. DECEASED FROM HOMICIDE		203. DEATH CERTIFYING PHYSICIAN		204. IF PENDALE	
John M. Miller		Yes		John M. Miller		Yes	
205. DEATH CERTIFYING PHYSICIAN		206. DECEASED FROM HOMICIDE		207. DEATH CERTIFYING PHYSICIAN		208. IF PENDALE	
John M. Miller		Yes		John M. Miller		Yes	
209. DEATH CERTIFYING PHYSICIAN		210. DECEASED FROM HOMICIDE		211. DEATH CERTIFYING PHYSICIAN		212. IF PENDALE	
John M. Miller		Yes		John M. Miller		Yes	
213. DEATH CERTIFYING PHYSICIAN		214. DECEASED FROM HOMICIDE		215. DEATH CERTIFYING PHYSICIAN		216. IF PENDALE	
John M. Miller		Yes		John M. Miller		Yes	
217. DEATH CERTIFYING PHYSICIAN		218. DECEASED FROM HOMICIDE		219. DEATH CERTIFYING PHYSICIAN		220. IF PENDALE	
John M. Miller		Yes		John M. Miller		Yes	
221. DEATH CERTIFYING PHYSICIAN		222. DECEASED FROM HOMICIDE		223. DEATH CERTIFYING PHYSICIAN		224. IF PENDALE	
John M. Miller		Yes		John M. Miller		Yes	
225. DEATH CERTIFYING PHYSICIAN		226. DECEASED FROM HOMICIDE		227. DEATH CERTIFYING PHYSICIAN		228. IF PENDALE	
John M. Miller		Yes		John M. Miller		Yes	
229. DEATH CERTIFYING PHYSICIAN		230. DECEASED FROM HOMICIDE		231. DEATH CERTIFYING PHYSICIAN		232. IF PENDALE	
John M. Miller		Yes		John M. Miller		Yes	
233. DEATH CERTIFYING PHYSICIAN		234. DECEASED FROM HOMICIDE		235. DEATH CERTIFYING PHYSICIAN		236. IF PENDALE	
John M. Miller		Yes		John M. Miller		Yes	
237. DEATH CERTIFYING PHYSICIAN		238. DECEASED FROM HOMICIDE		239. DEATH CERTIFYING PHYSICIAN		240. IF PENDALE	
John M. Miller		Yes		John M. Miller		Yes	
241. DEATH CERTIFYING PHYSICIAN		242. DECEASED FROM HOMICIDE		243. DEATH CERTIFYING PHYSICIAN		244. IF PENDALE	
John M. Miller		Yes		John M. Miller		Yes	
245. DEATH CERTIFYING PHYSICIAN		246. DECEASED FROM HOMICIDE		247. DEATH CERTIFYING PHYSICIAN		248. IF PENDALE	
John M. Miller		Yes		John M. Miller		Yes	
249. DEATH CERTIFYING PHYSICIAN		250. DECEASED FROM HOMICIDE		251. DEATH CERTIFYING PHYSICIAN		252. IF PENDALE	
John M. Miller		Yes		John M. Miller		Yes	
253. DEATH CERTIFYING PHYSICIAN		254. DECEASED FROM HOMICIDE		255. DEATH CERTIFYING PHYSICIAN		256. IF PENDALE	
John M. Miller		Yes		John M. Miller		Yes	
257. DEATH CERTIFYING PHYSICIAN		258. DECEASED FROM HOMICIDE		259. DEATH CERTIFYING PHYSICIAN		260. IF PENDALE	
John M. Miller		Yes		John M. Miller		Yes	
261. DEATH CERTIFYING PHYSICIAN		262. DECEASED FROM HOMICIDE		263. DEATH CERTIFYING PHYSICIAN		264. IF PENDALE	
John M. Miller		Yes		John M. Miller		Yes	
265. DEATH CERTIFYING PHYSICIAN		266. DECEASED FROM HOMICIDE		267. DEATH CERTIFYING PHYSICIAN		268. IF PENDALE	
John M. Miller		Yes		John M. Miller		Yes	
269. DEATH CERTIFYING PHYSICIAN		270. DECEASED FROM HOMICIDE		271. DEATH CERTIFYING PHYSICIAN		272. IF PENDALE	
John M. Miller		Yes		John M. Miller		Yes	
273. DEATH CERTIFYING PHYSICIAN		274. DECEASED FROM HOMICIDE		275. DEATH CERTIFYING PHYSICIAN		276. IF PENDALE	
John M. Miller		Yes		John M. Miller		Yes	
277. DEATH CERTIFYING PHYSICIAN		278. DECEASED FROM HOMICIDE		279. DEATH CERTIFYING PHYSICIAN		280. IF PENDALE	
John M. Miller		Yes		John M. Miller		Yes	
281. DEATH CERTIFYING PHYSICIAN		282. DECEASED FROM HOMICIDE		283. DEATH CERTIFYING PHYSICIAN		284. IF PENDALE	
John M. Miller		Yes		John M. Miller		Yes	
285. DEATH CERTIFYING PHYSICIAN		286. DECEASED FROM HOMICIDE		287. DEATH CERTIFYING PHYSICIAN		288. IF PENDALE	
John M. Miller		Yes		John M. Miller		Yes	
289. DEATH CERTIFYING PHYSICIAN		290. DECEASED FROM HOMICIDE		291. DEATH CERTIFYING PHYSICIAN		292. IF PENDALE	
John M. Miller		Yes		John M. Miller		Yes	
293. DEATH CERTIFYING PHYSICIAN		294. DECEASED FROM HOMICIDE		295. DEATH CERTIFYING PHYSICIAN		296. IF PENDALE	
John M. Miller		Yes		John M. Miller		Yes	
297. DEATH CERTIFYING PHYSICIAN		298. DECEASED FROM HOMICIDE		299. DEATH CERTIFYING PHYSICIAN		300. IF PENDALE	
John M. Miller		Yes		John M. Miller		Yes	
301. DEATH CERTIFYING PHYSICIAN		302. DECEASED FROM HOMICIDE		303. DEATH CERTIFYING PHYSICIAN		304. IF PENDALE	
John M. Miller		Yes		John M. Miller		Yes	
305. DEATH CERTIFYING PHYSICIAN		306. DECEASED FROM HOMICIDE		307. DEATH CERTIFYING PHYSICIAN		308. IF PENDALE	
John M. Miller		Yes		John M. Miller		Yes	
309. DEATH CERTIFYING PHYSICIAN		310. DECEASED FROM HOMICIDE		311. DEATH CERTIFYING PHYSICIAN		312. IF PENDALE	
John M. Miller		Yes		John M. Miller		Yes	
313. DEATH CERTIFYING PHYSICIAN		314. DECEASED FROM HOMICIDE		315. DEATH CERTIFYING PHYSICIAN		316. IF PENDALE	
John M. Miller		Yes		John M. Miller		Yes	
317. DEATH CERTIFYING PHYSICIAN		318. DECEASED FROM HOMICIDE		319. DEATH CERTIFYING PHYSICIAN		320. IF PENDALE	
John M. Miller		Yes		John M. Miller		Yes	
321. DEATH CERTIFYING PHYSICIAN		322. DECEASED FROM HOMICIDE		323. DEATH CERTIFYING PHYSICIAN		324. IF PENDALE	
John M. Miller		Yes		John M. Miller		Yes	
325. DEATH CERTIFYING PHYSICIAN		326. DECEASED FROM HOMICIDE		327. DEATH CERTIFYING PHYSICIAN		328. IF PENDALE	
John M. Miller		Yes		John M. Miller		Yes	
329. DEATH CERTIFYING PHYSICIAN		330. DECEASED FROM HOMICIDE		331. DEATH CERTIFYING PHYSICIAN		332. IF PENDALE	
John M. Miller		Yes		John M. Miller		Yes	
333. DEATH CERTIFYING PHYSICIAN		334. DECEASED FROM HOMICIDE		335. DEATH CERTIFYING PHYSICIAN		336. IF PENDALE	
John M. Miller		Yes		John M. Miller		Yes	
337. DEATH CERTIFYING PHYSICIAN		338. DECEASED FROM HOMICIDE		339. DEATH CERTIFYING PHYSICIAN		340. IF PENDALE	
John M. Miller		Yes		John M. Miller		Yes	
341. DEATH CERTIFYING PHYSICIAN		342. DECEASED FROM HOMICIDE		343. DEATH CERTIFYING PHYSICIAN		344. IF PENDALE	
John M. Miller		Yes					